



STATE OF SOUTH CAROLINA  
DEPARTMENT OF CONSUMER AFFAIRS

DISCLOSURE FORM  
SUPPLEMENTAL FORM A

Mailing Address  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 37-7-101 et seq.  
[www.sccconsumer.gov](http://www.sccconsumer.gov)  
803-734-4236

Street Address  
3600 Forest Drive  
Columbia, SC 29204-4406

**DO NOT FAX THIS FORM**

Please Type or Print Legibly In Ink.

(An original, signed and notarized form is required)

The following information MUST be provided on a separate form for EACH MEMBER, OWNER, PARTNER, OFFICER, and DIRECTOR. Employees that engage in direct credit counseling activity, i.e. credit counselors, must be separately licensed and do not require a Supplemental Form A. This form may be duplicated. Complete the form in its entirety. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of your application. When completing the application, attach additional page(s) as necessary.

1. Company Name: \_\_\_\_\_ Company License Number: \_\_\_\_\_

2. Your Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

Have you been known by any other name? ☐ YES ☐ NO If yes, state the name: \_\_\_\_\_  
(Ex. Maiden name, etc.)

4. Business Relationship or Title: \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

5. Resident Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

6. Work Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

7. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Driver's License Number: \_\_\_\_\_ State and Date of Issue: \_\_\_\_\_

9. EDUCATIONAL BACKGROUND

School	Address	Dates Attended	Degree Earned
1.			
2.			
3.			
4.			

**10. EMPLOYMENT BACKGROUND**

Describe your employment for the last ten years, starting with your current position. Account for all time.

Name of Employer, Address, and Telephone Number	Dates of Employment	Position Held	Reason for Leaving	Name of Owner
1.				
2.				
3.				
4.				

**11. BUSINESS AFFILIATIONS**

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Address	Type of Business	Position
1.		
2.		
3.		

**MARK AN "X" IN THE APPROPRIATE BOX.**

If you answer "YES" to any question, attach a separate sheet giving complete details.

**YES**    **NO**

- ☐    ☐ 12. Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report.
- ☐    ☐ 13. Have you ever been charged with any irregularities or shortages in your business accounts or transactions?
- ☐    ☐ 14. Have you ever surrendered, resigned, cancelled, or been denied a professional license or other credential in ANY jurisdiction? Provide details, including the name of the profession, the agency, and the agency address.
- ☐    ☐ 15. Has ANY licensing or other credentialing agency ever taken any disciplinary action against you, including, but not limited to, any warning, reprimand, suspension, probation, limitation, or revocation? Provide details, including the name of the agency and date of the action.
- ☐    ☐ 16. Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of the action.
- ☐    ☐ 17. Have you ever had any civil judgments, lawsuits, or liens brought against you?
- ☐    ☐ 18. Have you been adjudicated as bankrupt or were you ever an owner, partner, director, officer, member, or manager of any firm or company which was adjudicated bankrupt or for which a receiver appointed either during the time or within one year after you were connected with it?
- ☐    ☐ 19. Have you made an assignment for the benefit of creditors?

- ☐ ☐ 20. Do you currently hold, or have you in the past held, any license issued by the State of South Carolina? (Do not include your driver's license).
- ☐ ☐ 21. Do you have an ownership interest in an affiliate or subsidiary of the named company or in any other entity that provides a service to the named company or any consumer relating to the company's credit counseling business? Provide details, including ownership interest, service(s) provided by the affiliate, subsidiary, or other entity.
- ☐ ☐ 22. If the credit counseling organization in nonprofit, has any action been brought against you by the Internal Revenue Service, including the imposition of penalties or excise taxes or the change, suspension, or revocation of the organization's tax exempt status?
- ☐ ☐ 23. Have you read and are you familiar with State and Federal Credit Laws, such as the Fair Credit Reporting Act, 15 U.S.C. §1681 et seq., Fair Debt Collection Practices Act, 15 U.S.C. § 1692 et seq., and Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, U.S. Public Law 109-8?
- ☐ ☐ 24. Have you read and are you familiar with the Consumer Credit Counseling Act, S.C. Code Ann. § 37-7-101 et seq.? (Must answer YES if you work in the credit counseling business).

25. OTHER ATTACHMENTS: Please use the checklist below to verify your application is complete.

**Incomplete information could result in delay or denial of your application.**

- ☐ Attach or Have Sent a Current (less than 90 days old) Personal Composite Credit Report. On the report, have the agency include the **organization's name** as the "Reference Number" or other category. Also, "**SCDCA- Credit Counseling**" must be on the face of the report in the "Attention" category or otherwise.
- ☐ Request a Criminal History Check from the State Police in Your Place of Residence Be Sent to the Department.

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, **I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check is required for all applicants.**

\_\_\_\_\_  
Signature of Member, Owner, Partner, Officer or Director Listed Above

\_\_\_\_\_  
Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public For

My Commission Expires: \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.**